

Surrey Association of Woodturners

Premises: _____

RISK ASSESSMENT FORM

Dates: _____

IDENTIFY HAZARD	WHO MIGHT BE HARMED	LIST ANY CONTROLS	ADDITIONAL CONTROLS
<p>Look only for hazards which you could reasonable expect to result in harm under the conditions in your workplace <i>e.g. Slips/Trips, Fire Electricity, Dust, Noise, Chemicals, Moving Parts, Vehicles, Low temp, Manual Handling</i></p>	<p>Do not list individuals, identify groups. <i>e.g. Office staff, Contractors, Cleaners, Engineers, Members of the public.</i> Pay extra attention to: <i>Lone workers, Inexperienced Staff, Staff with disabilities and Visitors.</i></p>	<p>List any precautions that are in place. <i>Has there been provided Adequate Training Instruction and information? Does it meet the standards required by law and any Code of Practice? if so then the risk has been adequately controlled.</i></p>	<p>List any additional controls that may be used to improve those that are in use at present: <i>Remove the risk completely, add additional guarding, reduce exposure time, substitute the task, PPE as a last resort.</i></p>
Slips	Members & Demonstrators	Keep area swept, warn members at break time	Watch out for spilt drinks at break time and deal with any problems
Trips	Members & Demonstrators	No trailing cables or boxes on floor in gangways	Use tape and cable covers where necessary
Electricity	Members & Demonstrators	Ensure all plugs are secure	
Dust	Members / Demonstrators and Audience	Ask demonstrator to keep dust to a minimum	Demonstrator to wear appropriate safety equipment
Moving Parts	Members & Demonstrators	Keep out of reach of audience	Safety screens will be in place
Hand Held Sharp Tools	Members & Demonstrators	Demonstrators only to use	If demonstrator passes tool to audience for viewing, warn of sharpness
Woodturning Finishes / Chemicals	Members & Demonstrators	Kept away from audience / public	Only handled by others under guidance of demonstrator
Lifting Heavy Items	Members & Demonstrators	Heavy items (lathes) break up into manageable sections	Guidance of manual handling will be available

Signed for and on behalf of: The Surrey Association of Woodturners Name: _____

Signed: _____

SAW Accident Form

Name	Where was the Accident	What was the Accident	Action Taken

